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FELLOWS-IN-TRAINING & EARLY CAREER PAGE

A Company of Equals

Success Through Friendship in Fellowship

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For the 2015 American College of Cardiology Scientific Sessions in San Diego, California, several Duke Cardiology fellows decided to try something different. Instead of staying in private hotel rooms, we rented a house in Old Town San Diego where we stayed together in a family-style atmosphere. We invited fellows and faculty from our program and others to relax, network, and review science. This was an ideal setting to reflect on the conference and exchange ideas.

Attendance at national meetings in the modern era has changed. In the past, clinicians, investigators, regulators, and industry personnel congregated to listen, debate, and discuss the late-breaking and potentially practice-changing trial results before their widespread distribution in journals. Today, even though trial results are typically published online concurrently with national meeting presentations, participation in these meetings remains important for connecting with past, current, and future collaborators. In between sessions in San Diego, fellows posted videos to fellowship blogs, live-tweeted late-breaking trial results, and took Uber to networking lunches. However, while the educational environment has gone digital, at national meetings the importance of personal connections has increased. Our rental house—with its patio, pool, and views of the rugged coastal hillsides—offered an ideal setting for building on these personal connections within our program and with fellows and faculty from other programs.

Our shared house in San Diego also demonstrated an important characteristic of the modern cardiovascular disease fellowship: training is experienced collectively, and success is much easier with help from friends. The origin of the word *fellow* is Old English, meaning a partner or colleague, a member of a learned society, or a company of equals or friends. Clinical training fellowships encompass all of these meanings. When Dr. Eugene Stead launched Duke's cardiovascular fellowship in 1947, treatment for myocardial infarction was 6 weeks of bed rest, and fellows participated directly in stress tests by climbing stairs with the patient. As the field of cardiology has evolved, so too have cardiovascular fellowships. Today's training program would be, in many ways, unrecognizable to Dr. Stead. Cardiovascular fellowship has expanded and spun off subspecialty training programs to deal with the rapid growth of medical knowledge and available technologies, a changing health care system, and evolving patient needs. Duty hour restrictions have changed the weekly routine of fellows. Digital technologies have altered how fellows learn and access clinical data. Care is increasingly delivered by interdisciplinary teams, prioritizing collaborative skills over memorized facts.

While fellowship training has evolved, programs across the country have also grown in size. In 2014, 797 trainees matched in 181 general cardiology fellowship programs across the country. Due to the rapid growth of knowledge and available therapies, many of these trainees will subspecialize in a focused area of cardiology. As fellowship training programs have increased in size and moved away from top-down teaching of 1 or 2 fellows working directly under a senior mentor or physician, and as knowledge becomes more decentralized, learning is increasingly dependent on collaboration and complimentary knowledge of interdisciplinary teams. As such, today's training is experienced collectively. Learning from and with peers, in addition to learning from mentors and faculty, is an essential component of becoming a 21st-century cardiologist.

The American Council of Graduate Medical Education and the American College of Cardiology Foundation Core Cardiovascular Training Statement Task

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Force recognize this evolution (1). Two of the 6 core competencies, professionalism and interpersonal skills, are related directly to collaboration. Unlike other core competencies, such as medical knowledge and procedural skills, these competencies cannot be addressed with didactics or time in the catheterization laboratory. Instead, professionalism and interpersonal skills must be modeled and practiced. Collaborating with peers is an important way that fellows learn to communicate with colleagues and patients, lead teams, and work within health systems. Thus, although there is nothing revolutionary about renting a house with friends, in many ways this experience was emblematic of what it means to be a modern academic cardiologist.

We recognize the importance of collaboration, especially at this early phase of our careers. As fellowship training becomes increasingly specialized, it is critical to rely on colleagues for their skills and judgments while working collectively to take care of patients, engage in scientific investigation, and advance the field. In our house, we had fellows-in-training to become a generalist, a basic scientist, an electrophysiologist, a multimodality imager, an interventionalist, a prevention specialist, and an advanced heart failure cardiologist—serendipitously our rental house was the model of a multispecialty heart team.

But collaboration during fellowship training cannot be successful without a foundation of professionalism, and many of the critical skills of professionalism are learned and practiced both in and out of the clinical setting. The lessons learned through successful clinical and research collaboration are not much different than those learned from sharing close quarters—respecting people's space, honoring preferences, sharing resources, highlighting strengths, filling in where others are weak, and being fair.

In our collaborative endeavors, confidence and trust in our colleagues is required to be successful. In research, we trust that experiments are performed properly and that results are accurate. Clinically, we trust that the oncoming or covering physician will provide excellent care, and that our colleagues will be responsible and timely. Renting a house several months in advance and several thousand miles away required trust as well. We trusted each other to commit to staying in the house, to fairly share expenses, and to take responsibility for the rental property. Going through this experience together—successfully—served to reinforce our trust in each other.

Our rental house was more than just a way to practice lessons of trust, collaboration, and professionalism. It was a means to connect on a personal level and to nurture friendships that developed early in our fellowship training, but have competed with other commitments—both personal and professional—over the years. Although many professionals describe relationships with their coworkers simply as collegial rather than friendly, we believe in sharing the company of friends and equals as we work together in partnership. In this way, we ensure that although our individual paths may diverge, ultimate success is made immeasurably richer by the fellows (and housemates) we worked with along our journey.

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REFERENCE

1. Halperin JL, Williams ES, Fuster V, et al. ACC 2015 Core Cardiovascular Training Statement (COCATS 4) (revision of COCATS 3): a report of the ACC Competency Management Committee. J Am Coll Cardiol 2015;65:1724–33.

RESPONSE: A Paradigm We Should Seek

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Dr. Cooper and colleagues relate a fine experience of friendship and learning adjacent to the American College of Cardiology Scientific Sessions in 2015. They present an optimistic view of the reality of segmentation and subspecialization in cardiovascular fellowship (CVFSP) training nowadays. It is comforting to see these young physicians recognize the "big picture" that this period of their lives can be imbued with lessons learned beyond the facts and procedures of day-to-day CVFSP. I agree with all they say, and I hope this optimism is reflected among the majority of trainees and training programs. The leaders and faculty of our training programs hopefully already hear this message. The focus on individual achievement, competition among peers, and professional hierarchy that was prominent during my fellowship "100" years ago is being replaced by the image of a "company of equals," as noted in this paper. However, the segmentation of training and the sub-subspecialization within CVFSP programs can be a problem for the cohesion of the peer group.

I applaud the emphasis of the Core Cardiovascular Training Statement document on teaching and learning professionalism and interpersonal skills (1). Those interpersonal skills are very important within our professional circles as well as when interacting with patients. These skills can be supported and perfected right at home, all year, in addition to the venue of a rented house during scientific meetings. Journal clubs can become afternoons or evenings fostering casual discussion and friendship. One can try to discover shared interests outside of medicine as a basis for shared activities. Singles, couples, and families can give priority to finding time for meals together. Faculty-fellow sporting events can be fun for all as they break out of our usual stereotypes. It always has been true that colleagues who endure the crucible of CVFSP together often become lifelong friends.

We can thank this group of Duke fellows for giving voice to the evolving relationships that optimally apply among the trainees in a CVFSP program and between the faculty and the fellows in the program. It is a paradigm we should seek.

REFERENCE

1. Halperin JL, Williams ES, Fuster V. ACC 2015 Core Cardiovascular Training Statement (COCATS 4) (revision of COCATS 3): a report of the ACC Competency Management Committee. J Am Coll Cardiol 2015;65:1721–3.